

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Fifty Second Street Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00626887	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>10 / 25 / 2016</b>	

Full Name of Payee <b>Associated Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>450 W 33rd St</b>		Amount <b>1450.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10001-2647</b>	Transaction ID : <b>VSGF69TN6W3</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Trump, Donald, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>741473.40</b>	

Full Name of Payee <b>Getty Images</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2016</b>	
Mailing Address <b>55 E Monroe St</b> <b>FI 17</b>		Amount <b>575.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60603-5713</b>	Transaction ID : <b>VSGF69TN4F7</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Trump, Donald, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>741473.40</b>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2025.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Henshon, Matthew, T., ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 31 / 2016**

Signature